

OFFICE OF STATE UNIFORM PAYROLL
LAGOV AP AGENCY AUTHORIZATION SETUP/CHANGE FORM

Date: _____
(Effective Date of Authorization)

Personnel Area(s): _____

Agency Name: _____

Agency Address: _____
(mailing)

Authorized By: _____
(Undersecretary/Appointing Authority Signature)

Printed Name & _____ / _____
Title: _____ (Name) (Title)

The designated personnel are authorized to perform the following duties:

- (A) Authorize personnel to pick up AP checks from OSUP Office (Emailed to OSUP when requested)
- (B) Sign documentation to reverse or replace payment documents (OSUP/F094 & OSUP/F095)
- (C) Sign documentation to Stop Payment on a Check (OSUP/F092 & OSUP/F093)
- (D) Request copies of payment information (check copies or ACH/EFT Trace information)
- (E) Vendor Contact to answer questions about payment information
- (F) Request a same-day wire payment

| <u>Add</u> <u>Delete</u> | Authorized Employee Name | <u>Primary</u> <u>Alternate</u> | Duties Performed A, B, C, D | Email Address | Phone Number |
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